Workshop on Anxiety and Depression: A Phenomenological Approach

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Workshop on Anxiety

Settling the Unsettled: Integrating Therapeutic Approaches to Depression and Anxiety Disorders

Ericksonian Assumptions

• Resource elicitation.
• Orienting toward.
• Not based on “psychoeducation.”
• “Knowing” and “Realizing.”
• Staying Structural
• Being Experiential
• Utilize!

I. Defining Anxiety

• Defining Anxiety:
  — Impending doom
  — Unresolved arousal
  — Anticipatory tension - fear of not being good enough/failure

The Panoply of Anxiety Disorders:

• Adjustment reaction;
• Simple phobia;
• Agoraphobia;
• GAD;
• PTSD;
• Panic Disorder;
• OCD;
• “Co-morbidity.”

II. Distinctions

• Mr. Fear says: “There is threat: React!”
• Mr. Anxiety says: “There is perceived threat: Prepare!”
• Mr. Depression says: “There is perceived threat and nothing I can do will help: Ignore! Collapse!”
• Mr. Panic says, “I am afraid of dying or loosing control!”
• Mr. Stress says: There is pressure: React.
• Mr. Burnout says: “There is no way to achieve my essential goals. I have had it.” Ayala Pines’ work
IV. “Do” Anxiety

• How does the person “DO” anxiety:
• Anxiety-ing
• Create a map

III. Elements of Communication

• Use the elements of communication to determine the phenomenology of anxiety;
• Mapping the structure of the problem (and solution) vs. mapping the developmental history.
• Promoting systemic change.

V. Hypnosis

• Use hypnosis as an example of a phenomenological perspective.

Hypnosis

• Guide attention:
  – Internal and focused
• Alter intensity:
  – More or less vivid
• Create dissociation:
  – “just happen” and “apart from”
• Modify responsiveness:
  – Minimal cues and search for meaning

X. Three “Diamonds.”

• Hypnosis
• Phenomenology
• Meta-Model

Major Categories for Maps:

• Phenomenology
• Systemic Aspects (internal and social)
• Process
• Physiology
• (History)
• (Psychodynamics)
VI. Exercise

- Exercise in groups of six:
  - Therapist
  - Patient
  - Four Observers numbered 1-4

Patient

- Speaks in sub-vocal speech or the language of “Bah.”

Therapist

- Therapist should keep the patient speaking by using prompts and asking general questions. The therapist should ask what the anxiety is like and what is the “trigger” experience. Also ask what happens before and after the trigger. The therapist should give advice, “Why don’t you ________?”

Observers

- All observers should list five items (or steps for Process/sequence).
  - The Four “P’s”:
    - Phenomenology (State-Substates)
    - Physiology (Somatic Signs)
    - Pattern of interaction (Social patterns – Relational aspects)
    - Process (Sequence)

“Love”

- Take
- Obvious
- Pleasure
- In
- Another’s
- Happiness

Feedback

- After the exercise, share perspectives; tell the patient your “map,” and get feedback from the patient.
- Therapist can coordinate and summarize the feedback.
VII. The Phenomenology of Anxiety (primarily intrapsychic) (cont.)
- negativity judgment
- self-attack
- minimize positive
- suppress feelings
- feel trapped
- constr/mind restrict behavior
- move fast
- risky behavior
- gesture inwardly
- compulsivity including sexual compulsivity, gambling, etc.
- focus on things that cannot be changed
- overwhelm (with responsibilities for example)
- memory of previous anxiety (flashbacks)
- magical thinking (cognitive distortions)
- belief systems (the world is a scary place)
- “seefeledo” [see diagram]
- try to relax. Expecting relaxation.

Social/Interactional Aspects
- relinquish control (relational)
- disconnect/distance (relational)
- doubt—failure of reassurance (relational)
- defensiveness (relational)
- helpless (relational)
- social aggression (relational)
- social suspicion (relational)
- grasping/clinging (relational)
- mind-reading (relational)
- “hot potato” (relational)
Social/Interactional Aspects (Cont.)

- “Over adapt” (relational)
- Jealousy (relational)
- Family feeling (relational habit)
- Controlling (relational)
- Acting Out (relational)
- Reveal too much. T.M.I. (relational)
- Playing “chicken Little” (relational) (“The sky is falling down!”)
- Finding Nervous people to be with (relational)

Physiology (Somatic Sensations)

- Rapid heartbeat
- Sweating
- Clenching
- Breathing shallow and rapid
- Dry mouth
- Stomach tightness/aches
- Light-headed/Dizzy
- Restlessness
- Hot
- Cold

Physiology (Somatic Sensations) (Cont.)

- Restlessness
- Visual disturbances
- Crying
- Insomnia
- Parathesias (tingly and numbness)
- Choking
- Lump in throat
- Difficulty swallowing
- Nausea
- Muscle spasms

Process/Sequence Process A. (General Example)

- “What if ______?”
- Tension (trigger sensation)
- Exaggeration of tension
- “Oh no! It is happening again!”
- Symptom generalization
- Panic
- Social withdrawal
- “Why didn’t you______?”
- Shame

Process B. Summate

- “Reach back” and “After burn”
Issues in Assessment
- Process – “Anxiety-ing
- Determine the sequence (pattern disruption)
- Phenomenology
- Systemic aspects
- How does this person do anxiety?
- Strategic minimal steps for solution
- Physiology
- Contextual aspects/familial
- Assessment is a treatment plan
- Assessment is intervention
- DAM VTR

Issues in Assessment (Cont.)
- Reframe/redefine during assessment
- Analogy
- Process
- Linguistic Style
- Drama Roles
- Values and Postures
- Establish the phenomenology of the solution
- Establish a well-formed outcome
- As part of the assessment: Externalize
- As part of the assessment: Exceptions

Multiple Lenses
- Traditional
- Freudian
- Elements of Communication
- Phenomenology
- Physiology
- Process
- Interpersonal—Bowen
- Existential
- Existential death anxiety
- Sexuality—Masters; social role
- Frankl—hyper-intention—hyper-reflection; provoked anticipatory anxiety/evokes Sx
- Gottman (flooding)

Redefine
- Interest on a debt you do not owe/Interest on borrowed trouble
- False energy/Excess Energy
- Breathing problem
- Arousal
- Any amount of worry is too much
- Possibility into a probability
- Failure of Reassurance
- Symptom as a sign/gift
- caffeine
- Jokes?

Heuristics

Treatments
- Desensitize
- Symptom Prescription
- Anticipatory anxiety—Paradoxical Intention
- Interoceptive desensitization
- Response prevention
- Minimal change in pattern
- Violate the phobia
- Cognitive restructuring
- Experiential methods
- “As if”
- Exceptions
- Externalize
- Stress inoculation
- Critical observer to aware observer

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Interventions

- Metaphor
- Exaggerate
- Prescribe the symptom or symptom component
- Externalize
- Symbolize
- Gestalt
- Redefine
- Psychoaerobic methods
- Pattern disruption
- Sculpt (Projective identification)
- Violate
- Thought blocking; thought modification
- Contaminate

Cases

- MHE phobia and Timeline
- MHE iron bars
- JKZ Sumo
- Driving out of town
- Getting lost
- Gertie
- Kathy
- Erickson fainting case

 USING “MAPS” TO ESTABLISH TREATMENT STRATEGIES

- MAP
  - Phenomenology
  - Physiology
- Process
- Pattern of Interaction
- Versus
  - Development
  - Deficits in Knowledge
  - Biology

- STRATEGY
  - “Flip it”
  - Somatic work (Introceptive desensitization)
  - Pattern Disruption
  - Interactional Solution
  - Versus
    - Interpretation
    - Psycho-education
    - Medication

XVI. Advantages of Anxiety

- Garlic / Onion

Books and Self-help Books

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